SIETH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 318 Registrate No. 200177 1. PLACE OF DEATH a. COUNTY Seint Louis C. CITY (It consists corrective limits. write RURAL and give to remainly of the county	FLED FEB	6 1951	STANDARD CERTIL		Н а вы ы	2482
S. CALLES OF DEATH C. COUNTY COUNTY COUNTY COUNTY COUNTY C. COUN	BIRTH NO		the state of the s	1		787
TOWN Seint Louis d. FULL NAME OF (if not in hospital principal conditions, eitre street address or location (NSTITUTION LITTLE SISTERS of the Poor NSTITUTION LITTLE SISTERS of the Poor DECEASED (Type or Phint) 3. NAME OF (if not in hospital principal conditions) 3. NAME OF (if not in hospital principal conditions) 3. NAME OF (if not in hospital principal conditions) 3. NAME OF (if not in hospital principal conditions) 3. NAME OF (if not in hospital principal conditions) 3. SEX (if not in hospital principal conditions) 3. SEX (if not in hospital principal conditions) 4. DATE (Month) (Day) (Year) (Part Of Conditions) 5. SEX (if not in hospital principal conditions) 5. SEX (if not in hospital principal conditions) 6. SEX (if not in hospital principal conditions) 6. SEX (if not in hospital principal conditions) 7. MARRIED, NEVER MARRIED, N		ATH		2. USUAL RESIDEN a. STATE Missou	CE (Where deceased lived. If in	stitution: residence before admission).
The transpose of the poor in t	TOWN Sei i	nt Louis	township) STAY sin this place MONTINB	c. CITY (If outside corpora OR TOWN Saint		mehin) 2,209
(I) The complete of the control of t		(If not in hospital or in Little Sis	nstitution, give street address or location) sters of the Poor	ADDRESS 3225	If rural give location) N. Florissant Ave	enue
Temale White Never Married Never					4. DATE (Month) OF JEATH January	(Day) (Year) 24th, 1951
None St. Louis, Missouri St. Louis, Mis	/		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married (Feb. 22nd, 18	70 80 //	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. IN. NO. III. SOCIAL SECURITY NO. III. Drecksmith, 3225 N. Florissant Ave MEDICAL CERTIFICATION DRECTLY LEADING TO DEATH Enter only one outsep pr Line for (a), (b), and (c) "This does not mean the mode of dying, such as heart followe, cathenia, if any, giving DUE TO (c) "This does not mean the mode of dying, such as heart followe, cathenia, III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast, injurs, or compiled- lons which caused death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast of the disease or condition outsing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reast infure, or compiled. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death outside death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death outside death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death outside death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death outside death. III. OTHER SIGNIFICANT CONDITIONS CONDI	10a. USUAL OCCUPATION done during most of world NONE	ON (Give kind of work) ng life, even if retired)	106. KIND OF BUSINESS OR IN- DUSTRY			12. CITIZEN OF WHAT COUNTRY?
NOME NO. Emma Drecksmith, 3225 N. Florissant Ave 11. CAUSE OF DEATH Interordy onescuse per line for (a), (b), and (c) *This does not mean the mote of dying, such the mote o				NAME 14	1. NAME OF HUSBAND OR WIF	E
Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) ONSET AND DEATH* (a) ONSET AND DEATH* (b) ONSET AND DEATH* (c) ONSET AND DEATH* (c) ONSET AND DEATH* (d) ONSET	I5. WAS DECEASED EVE (Yee, no, or unknown) (II	R IN U.S. ARMED F	FORCES? 16. SOCIAL SECURITY NO. NO.			
the mode of dying, such as heart failure, astheria, etc. It means the distance cause (a) stating the underlying cause least. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Orditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (s.g., in or about SUICIDE 10c. I home, larm, factory, streat, office bidg., sec.) 10c. I home, larm, factory, streat, office bidg., sec.) 10c. I hereby certify that I attended the deceased from Majorn active and Majorn and that death occurred at suice and on the date stated above. 22a. SIGNADURE 24a. BURTAL, CREMA- INDING SIGNATURE 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE FROM BLUTCAL 25 FUNERAL DIRECTOR'S SIGNATURE 26 SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 26 SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 26 SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 28 FUNERAL DIRECTOR'S SIGNATURE 29 FUNERAL DIRECTOR'S SIGNATURE 20 FUNERAL DIRECTOR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 26 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERAL DIRECTOR'S SIGNATURE 27 FUNERA	Enter only one cause per	I. DISEASE OR CO	ONDITION MEDICAL (orrhage	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition accurring death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about HOMICIDE 10mm. factory, street, office bldg., sea.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10mm. for the country of the country	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions rise to the above ca the underlying cau	s, if any, giving DUE TO (b) ause (a) stating use lastDUE TO (c)	Ruchty		
21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE (Day) (Year) (Hour) 21c. (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 23b. ADDRESS 23b. ADDRESS 23c. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 22a. SURTAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 23b. ADDRESS 25c. DATE SIGNED 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 25c. DATE SIGNATURE 25c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 25c. Funeral DIRECTOR'S SIGNATURE 25c. Funeral Director's SIGNATURE 25c. DATE S				ne		<u> </u>
21d. TIME OF	NowerTion					
WHILE AT WORK A JWORK 22. I hereby certify that I attended the deceased from MA J., 195/, to MA J., 195/, that I last saw the deceased alive grant MA J., 195/, and that death occurred at 5:00 m., from the causes and on the date stated above. 23a. SIGNAPURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. Louis County, Missouri 25 FUNERAL DIRECTOR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE 25 Calvin F. Feutz, 4828 Natural Bridge Blvd.	21a. ACCIDENT SUICIDE HOMICIDE	دا ما	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOW	YNSHIP) (COUNTY)	(STATE)
alive on 44. 3, 195, and that death occufred at 5°COA m., from the causes and on the date stated above. 23a. SIGNAPURE (Degree of title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.		<i>/</i> -		21f. HOW DID INJURY OC	CURT	331X
23a. SIGNAPURE Degree of title) 23b. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY Purial 1/27/51 Saint Peters Cemetery St. Louis County, Missouri DATE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		. .	- /	5:00A m., from the c	24, 195/, that I las	st saw the deceased d above.
TION REMOVAL (Speeds) 1/27/51 Saint Peters Cemetery St. Louis County, Missouri DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	1/ XM	and IL		23b. ADDRESS 2435	N. Grand.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	Burial //	1/27/51	Saint Peter	s Cemetery S	t. Louis County,	•
(Licensed Embalmer's Statement on Reverse Side)	DATE AREC'D BY LOCAL	REGISTRAR'S SI	Laoner	Calvin F. Feut:	S SIGNATURE A	DRESS

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Student Embalmer No......

Student Embalmer

Licensed Embalmer No.

P. O. Address

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.